

PRA #: _____



CITY OF CALEXICO PUBLIC RECORDS ACT REQUEST FORM

Date of Request: _____

Name of Requesting Party [Optional]: _____

Mailing Address, e-mail address, phone number, or other form of contact:

Address: _____

Email: _____

Phone #/Other () _____

Records Requested: **(Please be specific)**

Pursuant to Government Code section 6253 the City will determine whether this request seeks public records that are not exempt from production or otherwise privileged within 10 days, unless there are unusual circumstances requiring a longer period of time, in which case we will contact you as directed above to inform you of unusual circumstances. The requesting party listed above will be notified of the City's determination in writing. Before copies of documents will be provided, a fee of 10 cents per page will be required. For two-sided documents, each side counts as one page. If the City holds the requested records in electronic format, and you request the documents in electronic format, the City may charge the cost of duplication as allowed by Government Code section 6253.9.

Requesting Party's Signature

-----**For Staff Use Only**-----

Name of Person Receiving the Form

Date and Time Received